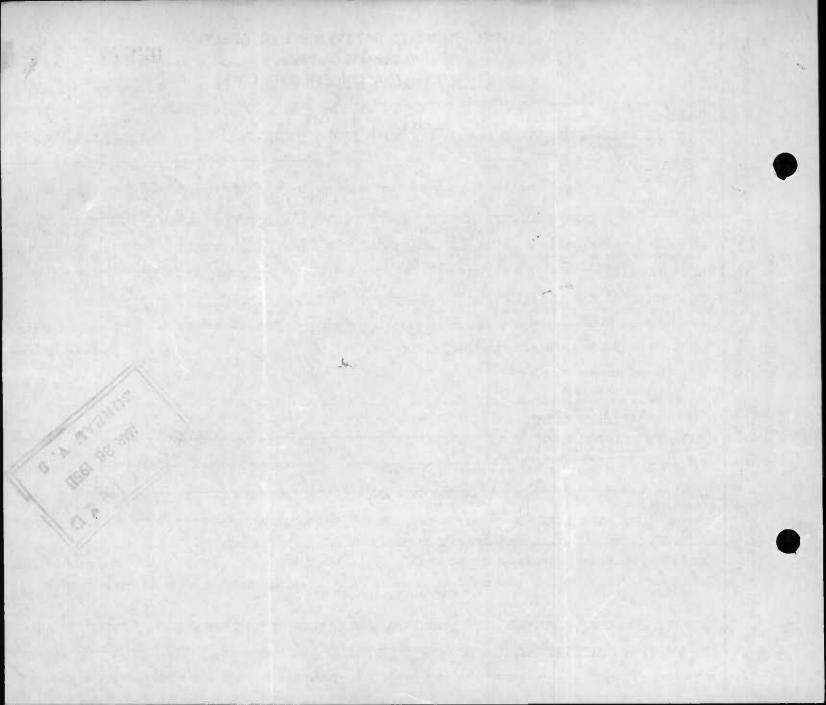
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02677

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	(/
CITY (If outside copporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest hown) TOWN (in this place)	OR TOWN Sanage	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
	Guilford Road	
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		year If under 24 hrs.
M WIDOWED, DIVORCED, (Specify) Married	July 18, 1901 49 ym.	Days Hours Min.
done during most of working life, even if retired) INDUSTRY	11. BLETTIPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
13. FATHER'S WARE	Mild of the territory	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	This Lillie alees Sanage	md
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSER AND DEATH
Immediate cause (a) Urebael	tarmornegz	1 Day
33/X Antecedent cause(s)		7
Diseases or conditions, if any, (b)	7	de Mr.
830 giving rise to the above cause stating the underlying cause last		/
II. OTHER SIGNIFICANT CONDITIONS	* ()	/)
Conditions contributing to the death but not related to the disease or condition causing death.	Cold.	wh.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
L DY 4 CD CV	(ALTEN AN MARK)	Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	91957, tolley. 8195, that I last se	w the deceased
alive on Man. 18, 195, and that death occurred at	6. G. m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
snanveshipley, M.D.,	Jarofe, Ma. 8	120751
23. BURIAL, CREMATION DATE THEREO MAME OF CEMETER MANGE O	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL EMGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/2015 Menh Shiplay	WeWett Sanaldoon La	wel med



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02678

Reg. Dist. No. / 9.D

1. PLACE OF BEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY TOWARD MARYLAND	STATE MC COUNTY	-0
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town	2)
OR givo nearest town) (in this place)	TOWN SOLDEN	-,
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Coopy Road	ADDRESS C)
	- oney ha.	~
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Court Lan L	DEATH MICHT	1957
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under	er 24 hrs
WIDOWED, DIVORCED, (Specify)	Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
done during most of working life, even if retired) INDUSTRY	Zough ISA SOLI COUNTRY?	TYMME
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	20
2,9 10. 12 h- H	III. BIOTHER S BLAIDEN NAME	0
William Record	Mean Atrice Copposite	an.
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
pervice) 220 recove	Meso & H. Downer Cloud	50
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BE	TWEEN
We would be compared by the bound be the bearing to bearing	ONBET AND	DEATH
Immediate cause (a) 12 second	la Premaria 33.	
420 1 Initietiate cause	and the same of th	
Antecedent cause(s)	(f.	0
Diseases or conditions, if any, (b).	**************************************	70
stating the underlying cause last	1	. ~
(c)	The transfer of the second	-
11. OTHER SIGNIFICANT CONDITIONS	raturally server.	
Conditions contributing to the death but not	il to	
Conditions contributing to the death but not related to the disease or condition causing death.	ilety !	
Conditions contributing to the death but not	ilety 20. AUTOP	SY?
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes []	SY?
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		No 🗆
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Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF ONE OF OTHER OF ONE OF OTHER OT	(CITY OR TOWN) (COUNTY) (STATE	No 🗆
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Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 197., that I last saw the dece	No 🗆
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE	No 🗆
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Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 197/, to 197/, that I last saw the dece	ased NED
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Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 197/, to 197/, that I last saw the decer ADDRESS DATE SIG	ased NED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work 22. I hereby certify that I attended the deceased from At work alive on Attended the deceased from Chegree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BEMOVAL (Specify) 3/05/. INDICATOR OF CEMETER OF THE RECTORY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 197, that I last saw the decer ADDRESS DATE SIG	ased NED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 197, that I last saw the decer ADDRESS DATE SIG	ased NED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work 22. I hereby certify that I attended the deceased from At work alive on Attended the deceased from Chegree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BEMOVAL (Specify) 3/05/. INDICATOR OF CEMETER OF THE RECTORY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 197, that I last saw the decer ADDRESS DATE SIG	ased NED

02679

2411 N. Charles Street, Baltimore

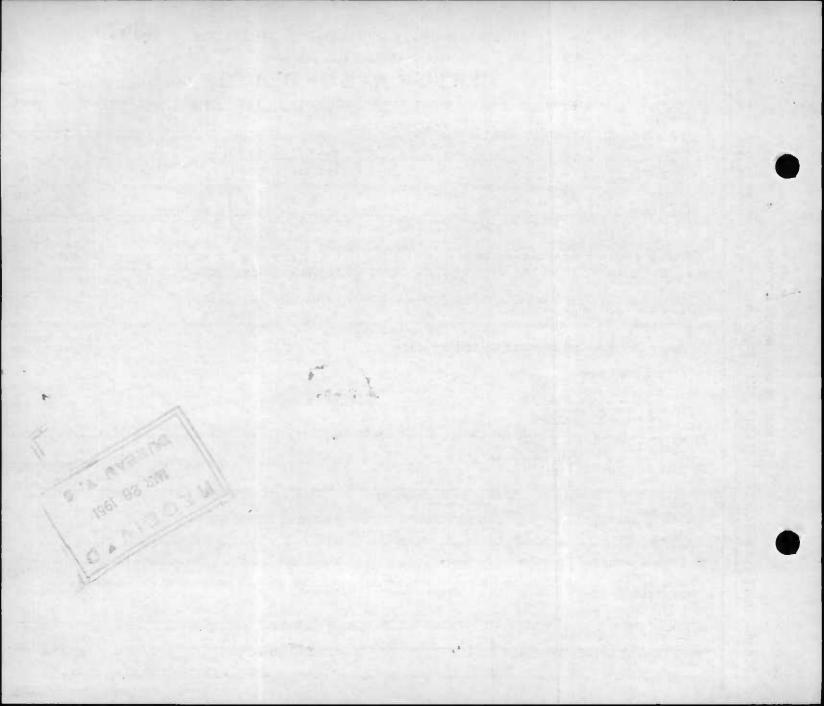
CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (
COUNTY	ward	MARYLAND	STATE Med	C	OUNTY Lound
CITY (If outside a	corporate limits, write RUR		CITY (If outside earpor	ate limits, write RURAL	and give nearest town)
OR give neares	it town)	AL and LENGTH OF STAY (in this place)	OR TOWN SCA	espille	
HOSPITAL OR	gerece	To Graves	STREET	(If rural, give loca	tion)
INSTITUTION O	R Parts #1.	Pausel WI	ADDRESS Part	11. 0 . 1	N. 1
STREET ADDRE	ess Kinte #1.	with the	11 / 1/200	A Laurel.	That I
3. NAME OF	(First)	(Mlddle)	(Last)	4. DATE (Mon	th) (Day) (Year)
(Type or Print)	KACHAEL	ELIZABETH	BENTLEY	DEATH	ch 18 - 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BURTH		f under I year If under 24 brs
Female	White	WIDOWED, DIVORCED, (Specify)	Och. 23, 1868	82 yrs. 1	Months Days Hours Min.
	PATION (Give kind of work	(Specify) (NUMBERS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY	0/= 1	110	COUNTRY?
House		at Home	sa arnergi	m HC.	1 4, 3,11,
13. FATHER'S NAI	ALL OF THE PROPERTY OF THE PRO		14. MOTHER'S MALEEN	NAME	
Kerry	Salker		Jusan	Theymper	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.		ADDRESS	14
(Yes, no, or unknown)	(If yes, give war or dates (01	Then Frank Rope	e, selver sous	ne Mel:
	[But vite)	18. MEDICAL CE	PTIFICATION		7
			A		INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	() 1		ONSET AND DEATH
		[MIDAR	Insa. 1		13 Jans
Immedia	te cause (a)	Co cy vary	1	A	
420. Antecede		Pi to	2 / .		n
Militoreac	ent cause(s) conditions, if any. (b)	underio-1	velerosis		Dig.
9 400 giving rise	to the above cause		***************************************	\$0 \$00 mile \$0.00 mile \$0.00 mile \$10 m	
stating the	underlying cause last				
The state of the s	(e)				1
	FICANT CONDITIONS outling to the death but not	C DAA AMA	. COA		110-10-
related to the dise	ase or condition causing deat	th. Collection	1 CFCOL -		1/00/12
19a. DATE OF OPI	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
L					Yes II No Ki
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (CO	UNTY) (STATE)
SUICIDE	OF INJ	office bldg., etc.)			
HOMICIDE TIME (Month)		I INJURY OCCURRED	HOW DID INJURY OC	CURT	1
OF (MICH)	(Day) (Teal) (Houl)	While at Not While	A THE INCOME.	Λ	
INJURY	m.	Work At work	L E		
		· · · · MIRA	6 .51 Mass.	18.051	
22. I hereby cer	tify that I attended th	e deceased from	6, 1951, to man.		iast saw the deceased
14	11.18.51	d that death occurred at	3 a		late stated al-fine
alive on		(Degree or title)	ADDRESS	causes and on the c	DATE SIGNED
SIGNATURE	Drag V. Q	O , (Degree of citie)	N ()	14.	2 10 -
	Juanus	milly M.	W. Alawa	as un.	3/14/5/
23. BURIAL, CREM	MATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	or county) (State)
REMOVAL (Spe	roller / // / -	1000 (1)	Cemetery	V/6 6. 4	(State)
Bureal	Marcy.	201100		Hainington	MG.
DATE RECD BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR SE	ADDRESS
NEU. 3/191	SIIsnan	money,	. arthur SIA	ellers, 254 Carr	real no.
			//		01 0 11 0
					Aldeh. Wic.



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

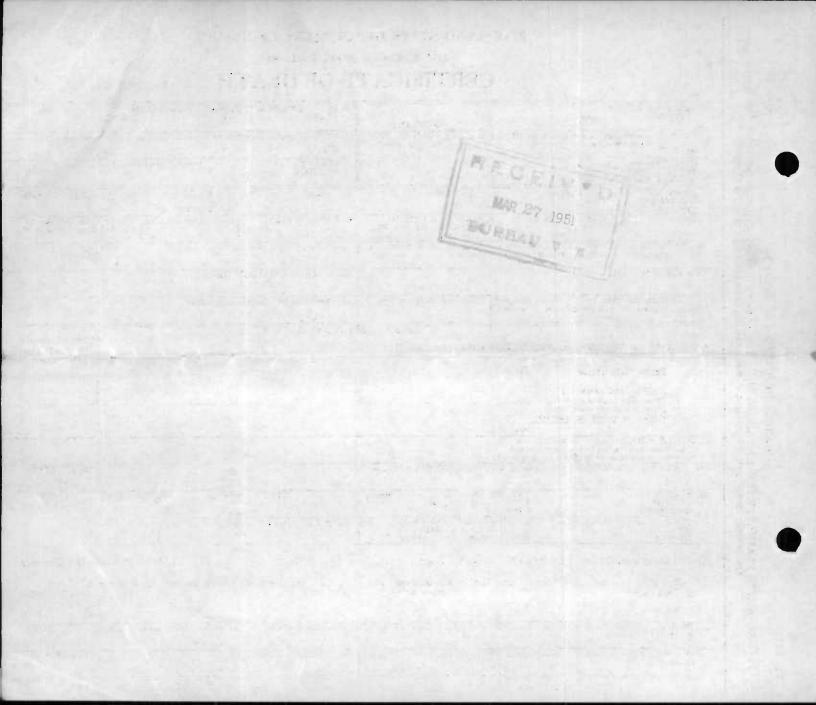
CERTIFICATE OF DEATH

02680

Reg. Dist. No

4905 york Rd. 541506

/		
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY forward MARYLAND	STATE COUN	TY
CITY (If outside corporate limits, write RURAL end LENGTH OF STA		give nearest town)
OR give nearest town) (in this place)	TOWN Elleride	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR 2/03 Junace ave	ADDRESS 2103 Frem	aco alx
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATH March	24 195
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Lidowed	8. DATE OF BIRTH 9. AGE last hirthday If under Month Month	er 1 year If under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Kind of Business of Industry		12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2039
James Flood.	Mary ann Lay	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	20
(100, 100, of distribution) (17 yes, give war of dates of	Mital ola Lucod se	av
18. MEDICAL	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATE
Immediate cause (a)	andia consulture	- 1 way
1601	and , -0	***************************************
Antecedent cause(s) Diseases or conditions, if any, (b)	relies of a ge	
giving rise to the above cause	The state of the s	and a second
stating the underlying cause last	4	
(c) 12 12 12 12 12 12 12 12 12 12 12 12 12	My	10720
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20, AUTOPSY?
more		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree	et, : (CITY OR TOWN) (COUNT)	Yes No STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(00011	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	7	
22. I hereby certify that I attended the deceased from McL	-17, 1927, to 12 - 1977, that I last	saw the deceased
no ne an	1/4	
alive on	ADDRESS and on the date a	stated above.
SIGNATURE (Degree or title)	ADDRESS 3/	DATE SIGNED
DrBBB runwangh 3609	7 main St Elpridge 2	7 110
DEMOVAL (Specific)	TERY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
(1211212) - Mar. L1. 1731 XI (Man	stines bem. Elbridge	md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
REG. 1261901 Miss & M. 1300	The ney W. Tenhins + Son (AT.



Reg. Dist. No. / 9 /

(Year)

If under 1 year | If under 24 hrs. | Months | Days | Hours | Min.

COUNTRY?

12. CITIZEN OF WHAT

ONSET AND DEATH

rears

20. AUTOPSY? Yes []

(STATE)

DATE SIGNED 8/51

No 🗌

195/.

COUNTY

928 2411 N. Charles Street, Baltimore correct CERTIFICATE OF DEATH The 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY MARYLAND OR OR TOWN LENGTH OF STAY CITY (IL outside of mornte limits, write RURAL and give nearest town) y every item of information carefully the causes of death clearly and legibly. TOWN Cura HOSPITAL OR STRING (If rural, give location) ADDRESS INSTITUTION OR STREET ADDRESS (Middle) DATE 3. NAME OF (Last) DECEASED ROMME DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 9. AGE last hirthday 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even fretired)

Trans Type was 13, FATHER'S NAME DOUSTRY 14. MOTHER'S MAIDEN NAME omme 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) Supply write I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. Immediate cause 4201 Antecedent cause(s) PLAINLY, WITH UNFADING s especially important. Physicians: Diseases or conditions, if any, (b). giving rise to the above cause traise Cardo- Vas cular Disease. stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION (CITY OR TOWN) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) SUICIDE INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work [] 19 47, to Man 8, 19 5/, that I last saw the deceased 22. I hereby certify that I attended the deceased from alive on Man 6 19.57, and that death occurred at. WRITE m., from the causes and on the date stated above. (Degree or title) NAME OF CEMETERY OR CREMATORY PLEASE LOCATION (City, town, or county) REMOVAL (Specify) Qurise 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REG.

3-10-5

Leve 9 huan B. E.

(COUNTY)



2411 N. Charles Street, Baltimore

e correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legible

MARGIN RESERVED FOR BINDING

VS. A15

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY	H- H	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Howard
OR give neares	corporate limits, write RUR.		CITY (If outside corporate limits, write RUITAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R S	elle	STREET (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	elys (First)	(Middle) Eslie	CLAST DATE (Month) DEATH DEATH 3	(Day) (Year)
5. SEX	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months,	
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	man w. G	isdings	Kuth and se Tubling	
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of gervice)	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS , ha	urel. Met
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE		INTERVAL BETWEEN ONSET AND DEATH
Immedia		malem	al proprietis	20 10 00 00 00 00 00 00 00 00 00 00 00 00
7/90	nt cause(s)			
/6/0 giving rise t	conditions, if any, (b) to the above cause underlying cause last			
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	ih.		na an an an seu dente renende le sestament ren
19a. DATE OF OPE	ERATION 19b. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby cer	tify that I attended th	e deceased from 3.1.5.1	, 19.51, to3	aw the deceased
alive on		d that death occurred at	ADDRESS and on the date st	tated above. DATE SIGNED
13	Ma	nu M	Laural, maryl	3/8/E Com
PEMOVALI CECA	cify) 3/8/J	1 Cuman		Wd.
REG.	LOCAL REGISTRAR'S	SIGNATURE .	24 FUNERAL DIRECTOR Siddings	address
203-0131	14.40V	1 3	60.1	0 44



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02683

I. PLACE OF DEATH- COUNTY Howard	2. USUAL RESIDENCE (I		NTY	
	MARYLAND RURAL and LENGTH OF STAY (in this place)	CITY (If outside corpos	ate limits, write RURAL an	d give nearest town)
OR give nearest town) City	(in this place)	TOWN Only	6	
HOSPITAL OR	• • -	STREET ADDRESS	(If rural, give locatio	n)
	inic	11 5508	Harrissus !	ave 1
3. NAME OF (First) DECEASED (Type or Print) Harvey		seholder	OF DEATH March	(Day) (Year) 14 1951
6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Aug 10.1884	9. AGE last hirthday If us Mor	nder 1 year If under 24 hrenths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of we done during most of working life, even if retired to the control of the	ork 10b. KIND OF BUSINESS OR	W. Virgini		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
15. Was Deceased Ever In U.S. Armed For (Yes, no, or unknown) (If yes, give war or deservice)		12. 2	ADDRESS Meholew 55087	hecieno Cue Bolo
	18. MEDICAL CE	RTIFICATION	1	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECT				ONSET AND DEATH
Immediate cause (a)	Cerebral thron	nbosis	**************************************	15 days
Antecedent cause(s) Dleessee or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Hypertensive art	eripscleration	cardio vas	21 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but n related to the disease or condition causing	ot	sease		124 years
19a. DATE OF OPERATION 19b. MAJO				20. AUTOPSY?
				Yes No No
SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR T	OWN) (COUN	ITY) (STATE)
TIME (Month) (Day) (Year) (Hou OF INJURY	r) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended	the deceased from Feb. 24	, 19.51., to Mar 1	L4., 19.51, that I ia	st saw the deceased
alive on	, and that death occurred at	ADDRESS m., from the	causes and on the dat	e stated above. DATE SIGNED
Juny 1	eylor Mr.			
23. BURIAL, CREMATION DATE THE REMOVAL Specify)	51 Duid	Kirlan 1	Exercile m	
REG 3-16-51 REGISTRA	R'S SIGNATURE A PARTICLE	Hauf H. W.	- N	address may are
	2/		3000	, / /

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MARYLAND STATE DEPARTMENT OF HEALTH

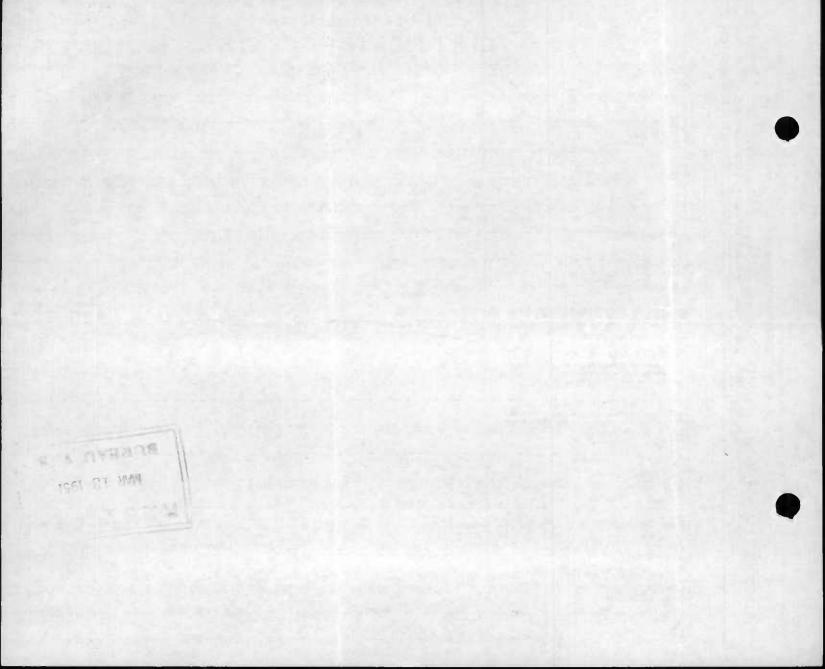
2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. 1	10. 192
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	ry
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and a TOWN	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If paral, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH DEATH	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8 DATE OF BIRTH 9. AGE last birthday If unde	r i year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) INDUSTRY		12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.5.77
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Mes La B. Heart - Studen	ile med.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	most P	INTERVAL BETWEEN ONSET AND DEATH
177× Immediate cause (a) Chileren	The milale	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	gland	nin
stating the underlying cause last (c)	0	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	Renal La Besulle 150	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	10.004
22. I hereby certify that I attended the deceased from	, 194/, to May 3, 19.5/, that I last	sew the deserral
alive on Mac 2, 1951, and that death occurred at 9		
1110 Dames Min	Ly bewelle	3/4/51
Burnel 3-6-51 Mt dien	RY OR CREMATORY LOCATION (City, town, or cou	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/95/ aliae & Hell.	C. Al-Killer - Anghemille	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH OF

2411 N. Charles Street, Baltimore

02685

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CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECRASED. COUNTY STATE COUNTY Maryland MARYLAND Howard CITY (If outside corporete limits, write RURAL and LENGTH OF STAY CITY (If outside torporate limits, write RURAL and give nearest town) OR give nearest town) Cott City (in this place) TOWN Baltimore HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) Edmondson Ave. Pine] 3. NAME OF (First) 4. DATE (Middle) (Last) (Month) (Day) (Year) DECEASED Jendrek Frank 19 5 (Type or Print) DEATH Mar. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Months | Days | Hours | Min. 10b. KIND OF BUSINESS OF 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? .8. Hech Baltimore maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Jendrek Pauline Westphal 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Leo Jendrek 2667 Edmondson Ave. 213-09-7509 service) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE (a) Cerebral changes due to neoplasm 6 weeks Immediate cause Antecedent cause(s) Metastasis from rectum to brain and pelvis Diseases or conditions, if any, giving rise to the above cause stating the underlying couse lest Carcinoma of rectum years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Dev) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not Whllo INJURY Work At work | 22. I hereby certify that I attended the deceased from 2/2/ 195/, to 3/P 195/, that I jast saw the deceased alive on 3/P , 195/, and that death occurred at 6:05Pm., from the causes and on the date stated above.

(Degree or title) ADDRESS DATE SIG SIGNATURE Pinel Clinic Ellicott City, Md. 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Redeemer Baltim re Maryland 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Ldmondson Ave.

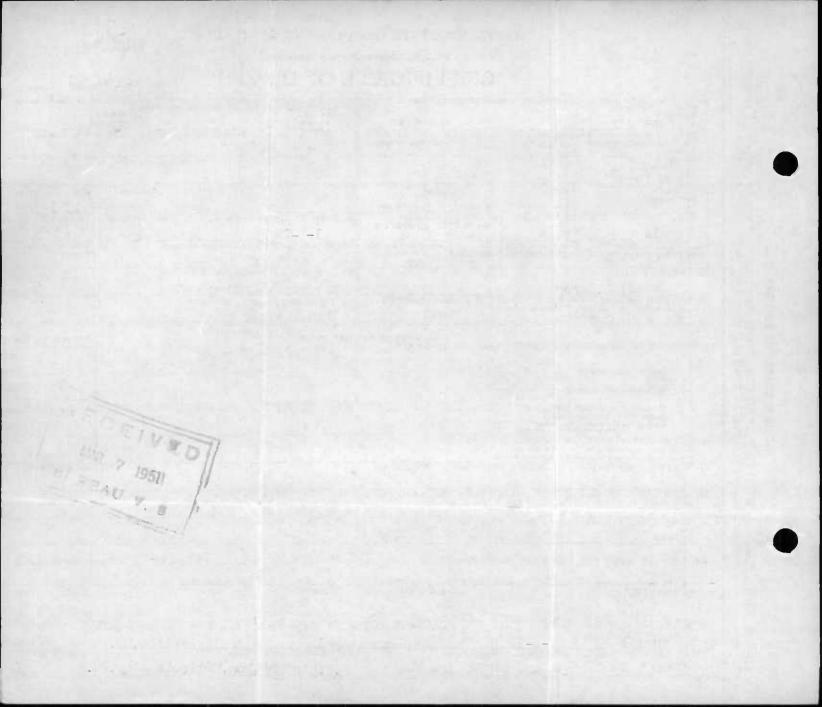
	AME OF DE	CEASED ,	- a V	H. Johns		2. DATE OF	march 17, 1
(Tyl	e or Print)	Mrs. Carolii	ne a	11300000	4. USUAL RESIDENC	F (Where deceased I	ived. If institution; rea
3. F	LACE OF DI	MX, Maryland E	lkridge	(Howard C	A. STATE	B. COUI	NTY before: Howard
B. F	ULL NAME	OF (If not in hospits	al or instituti	on, give street address o	Maryland c. CITY OR TOWN		ate limits, write RURA
HO:	SPITAL OR			jocation	C. C		
1110					Elkrid	(If rural, give loca	tion)
				Yrs. Mos.			
		tay in Baltimore		Days	I anding R	O ACE IIN	years Il Under I You H
5. 5	SEX	6. COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify	12-4-1892	last birthe	day) Months Days He
	F	W	Wido		11. BIRTHPLACE (Stat		12. CITIZEN
104	USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR		. 01 101010	WHAT
	At Home				Iowa	THE NAME	
13.	FATHER'S	NAME			14. MOTHER'S MAID		
	D.H.Heez	zen	Chi.		Caroline	Reesink	
15.	WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0000014	ADDRESS
(I ca	no or unknown) NO	(300) 8210 1121 21	,	None	Richard Joh	ns, Raleigh,	INTERVA
T	1B.	And the second		CAUSE	OF DEATH		ONSET
Z					censore of		
CATION	DIEF TO	ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION L) STATING 1	NG HE DUE TO	0	. I al . t. w	et:
CA	DIEF TO	THE ABOVE CAUSE (A) STATING 1	ng He sucre	inal intestin		
RTIFICA	RISE TO UNDERL	THE ABOVE CAUSE (A LYING CONDITION L	175X	ng He sucre	inal intestin		
ERTIFICA	OTHER	THE ABOVE CAUSE (A LYING CONDITION L II SIGNIFICANT CONE NG TO THE DEATH. BUT DISEASE OR CONDITIO	AST.	ng HE OUTTO	inal intestin		evity 3
RTIFICA	OTHER TRIBUTIN TO THE	THE ABOVE CAUSE (A LYING CONDITION L II SIGNIFICANT CONE NG TO THE DEATH, BUT DISEASE OR CONDITIO OF OPERATION	DITIONS COT NOT RELATED CAUSING	Codem Co	inal intestin		
L CERTIFICA	OTHER TRIBUTING THE TRANSPORTER TO THE TO TH	II SIGNIFICANT CONDITION DISEASE OR CONDITION OF OPERATION (1, 195)	DITIONS CO TO CAUSING	COLUMN (COLUMN (COL	inal intestination to left eration of overy	plunal ca	wity 3
L CERTIFICA	OTHER TRIBUTING THE TRANSPORTER TO THE TO TH	II SIGNIFICANT CONDITION DISEASE OR CONDITION OF OPERATION OF, 193	DITIONS CO TO CAUSING	Codem Co	inal intestination to left eration of overy	plunal ca	wity 3
ERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE May 1	II SIGNIFICANT CONE ING TO THE DEATH. BUT DISEASE OR CONDITION OF OPERATION (1, /45) DENT, SUICIDE. (Specify)	DITIONS COT NOT RELATING AUSING 21B. PL about home	on- it. R FINDINGS OF OP ACE OF INJURY (e. form, fectory, street, office ble	inal intesting to left the service of the service o	plunal ca	wity 3
L CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE May 1	II SIGNIFICANT CONE ING TO THE DEATH. BUT DISEASE OR CONDITION OF OPERATION (I, /45) DENT, SUICIDE. (Specify) (Month) (Day) (Yea	DITIONS COT NOT RELATING AUSING 21B. PL about home	COLUMN TED IT. R FINDINGS OF OP ACE OF INJURY (c. form, fectory, street, office bleet) 21E. INJURY OCCUMULE AT NOT WHILE AT NOT WHILE	Taxis to left PERATION R. in or 21c. WHERE DIE INJURY OCCUR RRED 21F. HOW DID I	pleural ca	wity 3
L CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE May / 21A. ACCIE HOMICIDE 21D. TIME OF INJURY	II SIGNIFICANT CONE ING TO THE DEATH. BUT DISEASE OR CONDITION OF OPERATION OF, /93-) DENT, SUICIDE. (Specify) (Month) (Day) (Yean)	DITIONS COT NOT RELATING AUGUST NOT RELATING TO THE COUNTY OF THE COUNTY	ACE OF INJURY OCCU WHILE AT NOT WH WORK NOT THE	Takes to left ERATION E. in or 21c. WHERE DIE INJURY OCCUR RRED 21F. HOW DID I	pleural co	20. All YES Tore City, give exact lo
L CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE May / 21A. ACCIE HOMICIDE 21D. TIME OF INJURY	II SIGNIFICANT CONE ING TO THE DEATH. BUT DISEASE OR CONDITION OF OPERATION OF, /93-) DENT, SUICIDE. (Specify) (Month) (Day) (Yean)	DITIONS COT NOT RELATING AUGUST NOT RELATING TO THE COUNTY OF THE COUNTY	ACE OF INJURY OCCU WHILE AT NOT WH WORK NOT THE	Takes to left ERATION E. in or 21c. WHERE DIE INJURY OCCUR RRED 21F. HOW DID I	pleural co	20. All YES Tore City, give exact lo
L CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE May / 21A. ACCIE HOMICIDE 21D. TIME OF INJURY	II SIGNIFICANT CONE ING TO THE DEATH. BUT DISEASE OR CONDITION OF OPERATION OF, /93-) DENT, SUICIDE. (Specify) (Month) (Day) (Yean)	DITIONS COT NOT RELATING AUGUST NOT RELATING TO THE COUNTY OF THE COUNTY	ACE OF INJURY OCCU WHILE AT NOT WH WORK NOT THE	eration Rect. 21c. Where Dit INJURY OCCUR RRED 21f. HOW DID IN INC. 1950, curred at 950, m.,	o (If in Baltimo? NJURY OCCUR? to March 1: from the causes of	20. All YES Tore City, give exact lo
L CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE May / 21A. ACCIE HOMICIDE 21D. TIME OF INJURY	II SIGNIFICANT CONE ING TO THE DEATH. BUT DISEASE OR CONDITION (I, /43) DENT, SUICIDE. (Specify) (Month) (Day) (Year Chy certify that I ar alive on March.	DITIONS COT NOT RELATION CAUSING 198. MAJOR 218. PL about home r) (Hour) m. ttended th	ACE OF INJURY (c. Inform, factory, etreet, office blee work work at work and that death oc	eration Rect. 21c. Where Dit INJURY OCCUR RRED 21f. How DID IN INTERED 21f. How DID IN	o (If in Baltimo? NJURY OCCUR? to March 1: from the causes of	20. All yes City, give exact lo
MEDICAL CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE 19A. ACCIDE HOMICIDE 21D. TIME OF INJURY 22. I here deceased 23A. SIGN	II SIGNIFICANT CONE NG TO THE DEATH. BUT DISEASE OR CONDITION (I, I/A) DENT, SUICIDE. (Specify) (Month) (Day) (Year alive on March.)	DITIONS COT NOT RELATION CAUSING 198. MAJOR 218. PL about home r) (Hour) m. ttended th	ACE OF INJURY OCCU WHILE AT NOT WH WORK AT WOR and that death oc	enal intesting and intesting the left of t	pleurales (If in Baltimo NJURY OCCUR? to March 1 from the causes of	20. All YES L. The City, give exact local
MEDICAL CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE 19A. ACCIDE HOMICIDE 21D. TIME OF INJURY 22. I here deceased 23A. SIGN	II SIGNIFICANT CONE ING TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION (I, 195) DENT, SUICIDE. (Specify) (Month) (Day) (Yea with certify that I a alive on March ATURE CREMA-124B. DATE (Specify)	DITIONS COT NOT RELAY N CAUSING 19B. MAJOR 21B. PL about home r) (Hour) ttended th	ACE OF INJURY (c. d. form, fectory, street, office blee while at work at work and that death oc	ERATION R. in or 21c. WHERE DIE INJURY OCCUR RRED 21f. HOW DID INJURY OCCUR RRED 21f. HOW D	plurales (If in Baltimo NJURY OCCUR? to Mach from the causes of 24b. LOCATION (C	20. Al YES Lore City, give exact lo 27, 19 57, that I lo 23c. DA 23c.
HEDICAL CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE HOMICIDE 21b. TIME OF INJURY 22. I here deceased 23A. SIGN	II SIGNIFICANT CONE ING TO THE DEATH, BUI DISEASE OR CONDITION OF OPERATION (I, 195) DENT, SUICIDE. (Specify) (Month) (Day) (Yea with certify that I a alive on March ATURE CREMA- (Specify) 3-1	DITIONS COT NOT RELATION CAUSING 198. MAJOR 218. PL about home r) (Hour) ttended th 14, 19 57	ACE OF INJURY (c. d., form, fectory, etreet, office blee while at work and that death oc oakwood (c. akwood (c	eration RRED 21c. WHERE DIE INJURY OCCUR RRED 21f. HOW DID LE	o (If in Baltimo? NJURY OCCUR? to Mach I from the causes of the Causes	20. Al YES Lore City, give exact lo 27, 19 57, that I lo and on the date sto 23c. DA Man A
MEDICAL CERTIFICA	OTHER TRIBUTIN TO THE 19A. DATE 19A. ACCIE HOMICIDE 21D. TIME OF INJURY 22. I here deceased 23A. SIGN	II SIGNIFICANT CONE ING TO THE DEATH. BUT DISEASE OR CONDITION OF OPERATION (Specify) (Month) (Day) (Yea Cone on March ATURE CREMA- (Specify) (MOTH) (Specify) CREMA- (Specify) (Specify) CREMA- (Specify) 3-1 (ED BY REGISTRA	DITIONS COT NOT RELAY N CAUSING 19B. MAJOR 21B. PL about home r) (Hour) ttended th	ACE OF INJURY (c. d., form, fectory, etreet, office blee while at work and that death oc oakwood (c. akwood (c	ERATION R. in or 21c. WHERE DIE INJURY OCCUR RRED 21f. HOW DID INJURY OCCUR RRED 21f. HOW D	o (If in Baltimo) NJURY OCCUR? to March 1 from the causes of the cause of t	20. Al YES 20. Al YES 20. Al YES 20. Al YES 23c. DA YE

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02687

1. PLACE OF DEATH	H•		2. USUAL RESIDENCE (F	COUN	
HOWAY CITY (If outside corporate limits, write RURAL and LENGTH OF STAY			CITY (If outside corpor	HOWa	
OR give nearest	arksville	(in this place)	Town Clarksvi	lle	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED	(First)	(Middle) izabeth Johnson	(Last)	4. DATE (Month) OF DEATH March	(Day) (Year)
(Type or Print) 5. SEX		7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last hirthday If und	the state of the last of the l
Female	White	WIDOWED, DIVORCED, (Specify) VIOOW	1-9-1868		ns. Days Hours Min.
done during most of w	ATRON (Give kind of work corking life, even if retired)	10b. Kind of Business or Industry None	Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	
Samuel	E. Dorsey		Margaret Hard	ing	
15 WAS DECRASED E	VER IN ILS. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If year, give war or dates of service)	None	Family Record	S	
I. DISEASES OR CO					INTERVAL BETWEEN ONSET AND DEATH
92 Diseases or giving rise to	nf cause(s) conditions, if any, to the above cause anderlying cause last	Arrioschortie	hour dissuse of	uppetansion	1043
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing death				and own to the second se
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes I No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNT	
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert alive on SIGNATURE	0/90 11	deceased from	1005		
Ch	ales I WI	ntahar, B.O.	Clarkson	e Ad.	3/3/51
23. BURIAL, CREM REMOVAL (Spec BUR 121	3-4-51	Linthicum		Clarksville, Md.	ADDRESS
DEC	_	^			
3-3-5	1 Marie Ce	. Whitakes	F.C.Higinbotho	m, Ellicott City,	Ma.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
MARYLAND MARYLAND	Manyland Hamard
OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside exporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR	STREET (II rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
8. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	Penn DEATH March 29 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) we dame	8 DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPEACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Thelps	Conna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (II year, give war or dates of	17. INFORMANT
service)	Mis Laure Other Bulmwille, Md
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Hy hasterism's	Cardio-Viscular Mrs. 2 yes
Immediate cause (a)	A //
260 X Antecedent cause(s)	3 m
Diseases or conditions, if any, (b)	
6 / stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	Cold 2 was.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	. 10
Was 1	1 .51 . Mar 19 .51
22. I hereby certify that I attended the deceased from	, 195, to M.A. 2.7., 195, that I last saw the deceased
	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	Davage Mi. 3/31/51
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'B BY LOCAL (REGISTRAR'S SIGNATURE)	24. PUNERAL DIRECTOR
REG. 3/31/51 Markoviller	16 Witt Non Olean day In 1
	The William I would be a second of the secon

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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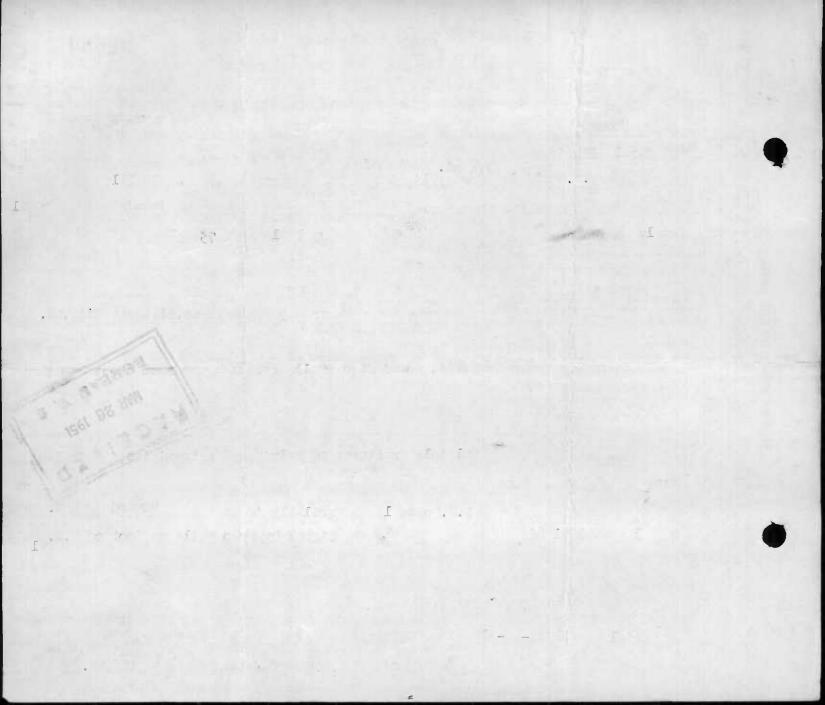
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Howard MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY give nearest town (In this place) TOWN Rura TOWN Elkridge HOSPITAL OR INSTITUTION OR 4 mi. North of STREET (If ru al give location) ADDRESS STREET ADDRESS U.S. Route Morsey light Montgomery Road, RFD 4 Boxlll 3. NAME OF (Mlddle) (Lant) 4. DATE (Month) (Day) (Year) DECEASED 20 1951 March (Type or Print) Nellie Richardson DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year IIf under 24 hrs. Months | Days Hours | Min. female 187% colored (Specify) WldOW 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Marvland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of Howard County Welfare, Ellicott City, Md. None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) Compound, Comminuted skull fracture; chrushed chest Instant Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the under ying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures of pelvis and extremities Instant 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY none 21. EXTERNY L CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office hldg., etc.) Howard Md. INJURY RY U.S. Route Rural Elkridge HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not while Struck by auto while on foot on U.S.Route work at work 22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry the thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stilled above, and death in my opinion resulted from: natural causes [], accident X, suicide [], homicide [], undetermined []. SIGNATURE (Degree or title) DATE SIGNED list City, md. -20-51 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Clty, town, or county) REMOVAL (Specify) 3-24-51 Elkridge Gaines DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS

F.C. Higinbothom, Ellicott City, Md



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02690

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CERTIFICATI	Reg. Dist. No.	0
1. PLACE OF DEATH- COUNTY Yourd MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-	X Howars
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corplice timits, write RURAL and give TOWN	re nearest town)
HOSPITAL OR INSTITUTION OR 1946 Furnace and	STREET (If rural give location) ADDRESS Huracl Rd	1946
3. NAME OF (First) DECEASED (Stype or Print) DOSELJAK CHAPINA	N (Last) 4. DATE (Month) OF DEATH ?	(Day) (Year)
5. SEX COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Jec 1, 18/1 57 yrs.	Days If under 24 hrs Min.
10a. USUAL OCCUPATION (Give kind of work of the during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) AMERICA MD	COUNTRY?
JOSELPH CARSON RILE V	14. MOTHER'S MAIDEN NAME ALICE BRE	WER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT nellie /2	eley
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN DESET AND DEATH
22. 2 Immediate cause Antecedent cause(s) Chronic ulcerat	tive Asstratis due to	20 menon
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	and alcohof (5/9/51 alc)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	nancy of Tongul	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(GUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While At Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that Lattended the deceased from		
alive on march, 19.5, and that death occurred at T. SIGNATURE (Degree or title)	ADDRESS // // M	ated above. DATE SIGNED,
23. BURIAL, CREMATION DATA 14/51 NAME OF CEMETE REMOVAL (Species) 3/14/51 Meadow	RY OR CREMATING LOCATION (City, town, or county	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 3 12-57 WWW.	4. Holm J. Gowan Lon	Jollins.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING 14/1

VS. Al5

VS. A15A

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH Pre

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02691

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED-	0
COUNTY HOEVARD MARYLAND	STATE Maryland COUNTY	Agrention and
OR give nearest town) Elleridge (in this place)	TOWN Baltimore City	e nearest town)
HOSPITAL OR 1934 Elbridge Night live INSTITUTION OR STREET ADDRESS	ADDRESS 3128 Remington au	e. J
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH 3	(Day) (Year) 19 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	
done during most of working life, even if retited) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME Vost	Handah Toldner	a. are
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no. or unknown) (If yes, give war or dates of 214-14-115	Wys Wellie R. Vost-31:	38 Kennytan
18. MEDICAL C	CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Corousing	Thombosis	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	none	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	vone	Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
REMIQUAL (Specifo) 7 / 20 /5/	ceased died on the dry stated above, and death in my number mined ADDRESS Click City Med FERY OR CREMATORY LOCATION Gity, town proper	from the evidence opinion resulted DATE SIGNED 3-19-51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
JAN UNTO	57024 Balto	ir md.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND MARYLAND	STATE Manufact COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town) TOWN (in this place)	OR TOWN
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
	(Tank) 14 DATE (Mank) (Day)
DECEASED	(Last) (A. DATE (Month) (Day) (Year)
(Type or Print) Thuddlus Cugene	Melch DEATH March 19 1951
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 hru Months Days Hours Min.
(Specify) married	June 18/88/1 69 ym.
10a. USUAL, OCCUPATION (Give kind of work 10h. Kind of Business on done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Anton	Charles Co. Mansland COUNTER! (15)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas B. Weleli	Sugar Parall
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	har Rudal S. S.
18. MEDICAL CE	PTIFICATION
Interval Butween	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
· · · · · · · · · · · · · · · · · · ·	Naemorkese Hours
Immediate cause (a)	
Antecedent cause(s)	0 1010000 3 1244
Diseases or conditions, if any, (b) giving rise to the above cause	20000
stating the underlying cause last	
(c)	A ···
II. OTHER SIGNIFICANT CONDITIONS	0 0
Conditions contributing to the death hut not related to the disease or condition causing death.	, the whi
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \(\tau \) No \(\tau \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 15, 195, that I last saw the deceased	
11 10 00 101	
alive on 1001, 1901, and that death occurred at 1000 m., from the causes and on the date stated above.	
SIGNATURE: (Degree or title) ADDRESS DATE SIGNED	
Manket, New M. D. Davaes Mil. 312175	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	
REMOVAL (Specify) / My	
Danial Mar. 21/95/ Stelkangs	24. AUNERAL DIRECTOR ADDRESS
DATE RECO BY LOCAL DEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
12031 Kranna whom	Me Will Warrald in daniel Mil

